

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN MCCAIN, INC.

Full Name (Last, First, Middle Initial)

**A. MCCARTHY HENNINGS WHALEN INC**

Mailing Address 1850 M ST NW

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

City  
WASHINGTON

State  
DC

Zip Code  
20036

Amount of Each Disbursement this Period

1786.46

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Transaction ID : SB17.99

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. MD COMPTROLLER**

Mailing Address 80 CALVERT ST

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

City  
ANNAPOLIS

State  
MD

Zip Code  
21401

Amount of Each Disbursement this Period

285.91

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Transaction ID : SB17.100

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. MD COMPTROLLER**

Mailing Address 80 CALVERT ST

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

City  
ANNAPOLIS

State  
MD

Zip Code  
21401

Amount of Each Disbursement this Period

285.91

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Transaction ID : SB17.101

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

2358.28

TOTAL This Period (last page this line number only).....